Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp **Form** 39 For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Event Description: Date(s) Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔯 Was ticket distribution made at the behest Yes No □ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes #200

Signature of Agency Head or Designee Print Name Title (month, day, year)

I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

Comment: _

with the requirements.